·`	ARTMENT OF PUB					:MEALTH AND WE ilstration District No	LFARE		nary Regis	stration Distr	riet No. 3/	16.	tegistrar's N	. 6	4		ŞTATE	FILE NUI	WBER
WRITE S STUB	٠.	. AN	ENDED) .	-	- PAR E			ary Regis	THE COLUMN			<u> </u>		·		-		
300	S	3	ĖΙ		1.	PLACE OF DEATH		1963	•	- · •			ual residi Mo-Ed					itution: f	Residence before admission)
4/59"	AENDED				-	b. CITY (If outside cor OR TOWN Jeff		n, give TOWN			gth of stay in 18 7 yrs 2m	c. (OR CO	lumb	ia,	Mo.			Inside Limits
269	LE AAA	≎ایس				c. FULL NAME OF (If I	NOT in hos	pital, give locat	tion)		Inside Limits	d. 2	STREET ADDRESS		(If d	cutside, giv		·	Reside on Ferm
09	Į	ξ. ¹			_		LTROU	Hospi	.08.1		Yes 🔼 No 🗆	112	1 S.	3rd	Co]	lumbi	.a , M	10•	Yes No
					3.	NAME OF DECEASED (Type or print)	wı	First 111am		Middi (Buo	· -	Duni		4. D/ C	·c _	_{Mont} B ru 8		13,	Year 1963
2					5.	sex Male		R OR RACE	7. Mai Wide	rried I	Never Married [Divorced [- 1	TE OF BIRTI 24/19	*	GE (last b		Months	Days	IF UNDER 24 H Hours Min.
<u>'</u>	2					USUAL OCCUPATION during most of working				id of Busir nknow	NESS OR INDUST		BIRTHPLACE IN KIO OW			country)			WHAT COUNTRY States
9	3			ŀ		FATHER'S NAME Unknown		;		13b. MOTHE	r's maiden na Unkn own				14. NA	ame of Hu CIU	SBAND C		·
7 1	2				15.	WAS DECEASED EVER	IN U.S. AS	MED FORCES?	`		L SECURITY NO.	17. INI	FORMANT		·	Ac	ddress		<u> </u>
/χ] _s	A L				۲۲	nknown) (if	yes, give w	rar or dates of	servi			1	Moe S	tate	Per	niten	tiai	^	
~	ť			Ξ	T	18. CAUSE OF DEATH PART I.	(Enter only	one cause per	line				1 \ 4	\				Y INT	ERVAL BETWEEN
	~					FORE II	DEATH WA	AS CAUSED BY:	la 1	.		¹ 【 ゜ .	, UI	· \ .		(1	ON	SET AND DEATH
وا	힣	5		JME	1	FARI I.		AS CAUSED BY: IATE CAUSE (a)	$\mathbf{i} \mathbf{\Lambda}_{-} \mathbf{A}_{-}$	~~	Des J	di			a	هد	tu		ISET AND DEATH
				OCUMEN	,		IMMEDI	IATE CAUSE (a)	F	Ind	Der C	dia	Of I	th	Ma	(ac	et	V.	ISET AND DEATH
* 0 "				DOCUME		Condition which ga	IMMEDI ns, if any,) eve rise to)		F	Ind	oes ud	di	DH	ath	Ma	(ac	ut el		ISET AND DEATH
0 0	I HIS KECOKL			DOCUME		Condition which ga above c stating ti	IMMEDI ns, if any, ive rise to lause (a), he under-	IATE CAUSE (a)	A P	Jug	oes,	ia Lia	DH DJ	ath	<u>s</u>	(ac a	et el	V.	ISET AND DEATH
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0 0	S ON INIS KEC			DOCUME	CATION	Condition which gas above c stating the lying ca	immedians, if any, ave rise to lause (a), he undersuse last.	DUE TO (L	P P P P P P P P P P P P P P P P P P P	NS CONTRI	BUTING TO DEA	ATH but n	not related	to the te	M)«	PART III		ceased a pregnant	was female w
	ENIS ON INIS KEC			DOCUME	CERTIFICATION	Condition which gas above c stating the lying ca	immedians, if any, ave rise to lause (a), he undersuse last.	DUE TO (CONFICENT SUICED	CONDITION ON PART I	(a)	BUTING TO DEA		•				there a	ceased a pregnan	was female w ky in last 90 day
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RIBBON O O O O O O O O O O O O O O O O O O	AMENDMEN'S ON INIS RECO	No EAD		Q The state of the	" MEDICAL CERTIFICATION	Condition which gas above to stating itying can part it. 19. WAS AUTOPSY PERFORMSO? YES NOT MOUNT a.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	IMMEDI ns, if any, we rise to lause (e), he undersuse (e). OTHER SI disease co	DUE TO (b DUE TO (c GONIFICANT CONDITION DENT SUICID Day, Year 20e. PLACE farm, 1	c) CONDITION ON PART I E HOM Factory, st 11/6	RY (e.g., in reet, office	or about home, bldg., etc.)	20f. CITY	Y, TOWN, C	DR LOCAT	nature of	ive on	COUNT	ceased a pregnar PART II.	was female we key in last 90 de Unknow of irem 18.)
-0 H	AMENDMEN'S ON INIS RECO	No EAD		OF 2	"MEDICAL CERTIFICATION	Condition which gas above to stating if lying as PART II. 19. WAS AUTOPSY PERFORMSO? YES NOTE HOUT NUTRY a.m. p.m. 20d., INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	IMMEDI ns, if any, we rise to lause (e), he undersuse (e). OTHER SI disease co	DUE TO (b DUE TO (c GONIFICANT CONDITION DENT SUICID Day, Year 20e. PLACE farm, 1	CONDITION IN PART I	RY (e.g., in reet, office	or about home, bidg., etc.)	20f. CITY the date at	y, town, contained above	DR LOCAT	nature of	ive on f my know Pris(ity)	COUNTY COUNTY	ceesed a pregnam PART II.	was female way in last 90 de do Unknow of item 18.) STATE STATE 2/13/6
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6-56

- 1- he	ereby certify that the	body whose	name is rec	orded on the reverse sid	de of this certificate w	vas embalmed by me,
or by				٠.٠	, Student Embalm	er No
working ur	: nder my personal sup	ervision.	* * * * * * * * * * * * * * * * * * * *			
Student	· · · · · · · · · · · · · · · · · · ·		* * - + * - + * + * + * - * -	Signed Gide	on 1. A	ouser
•	Signature of Stu	udent Embalmer	÷ .			4579

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

in this body is not embalmed, fact should be so stated above.